

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/53200

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8	1					
9		1				
10		2				
11		3				
12		4				
13		5				
14		6				
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47		39				
48		40				
49		41				
50		42				
TOTAL IND.			↓			↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS			↓			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
98						
99						
100						
TOTAL IND.			↓			↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS			↓			